FORM PTO-1083

RECEIVED CENTRAL FAX CENTER

APR 2 0 2006

PATENT Attorney Docket No. 01081CON LVM Reference No. 224455 Date: April 20, 2008

In re Application of: Morris et al. Application No. 10/666,517

Filed:

September 19, 2003

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir.

Transmitted herewith is a reply to office action in the subject application.

- ☐ Small entity status is claimed for this application under 37 CFR 1.27.
- Petition for an extension of time for the period noted below, as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.

☐ Other:

Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal sheet is enclosed herewith.

	•				SMALL ENTITY		OTHER THAN A SMALL ENTITY	
TIME EXTENSION	PETITION FEE		none		\$ 0.00		\$ 0.00	
subtract time extension fee previously paid			none		(\$ 0.00)		(\$ 0.00)	
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT	•	HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL	25	MINUS	29	= 0	x 25 =	\$	x 50 =	\$0.00
INDEPENDENT	1	MINUS	3	= 0	x 100 =	\$	x 200 =	\$0.00
☐ FIRST PRE	ESENTATION OF	MULTIPLE	CLAIM	<u> </u>	+ 180 =	\$	+ 360 =	\$0.00
TOTAL AMOUNT TO BE CHARGED TO DEPOSIT ACCOUNT					TOTAL	S	TOTAL	\$0.00

- The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216.
 - Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

LEYDIG, VOIT & MAYER, LTD.

Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6780 (312) 616-5600 (telephone) (312) 616-5700 (facsimile)

Amendment or ROA Transmittal (Revised 5/9/05)

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TIME EXTENSION PETITION FEE subtract time extension fee previously paid			none		\$ 0.00 (\$ 0.00)		\$ 0.00 (\$ 0.00)	
TOTAL	25	MINUS	29	= 0	x 25 ≃	\$ *	x 50 =	\$0.00
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☐ FIRST PRI	ESENTATION OF	MULTIPLE	CLAIM		+ 180 =	\$	+ 360 =	\$0.00
TOTAL AMOUNT	TO BE CHARGE	D TO DEPO	SIT ACCOUNT		TOTAL		TOTAL	\$0,00

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